FEE TRANSMITTAL
For FY 2007

Fee pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

Complete if Known	
Application Number	10/517,133
Filing Date	June 29, 2005
First Named Inventor	Aloys Wobben
Examiner Name	Nathaniel Edward Wiehe
Art Unit	3745

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) **1470**	Attorney Docket No. 970054.481USPC

METHOD OF PAYMENT (check all that apply)

☒ Check   ☐ Credit Card   ☐ Money Order   ☐ Other (please identify): _____

☒ Deposit Account   Deposit Account Number: 19-1090   Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments   ☒ Charge any underpayments or credit any overpayments
of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	Small Entity Fee ($)	SEARCH FEES Fee ($)	Small Entity Fee ($)	EXAMINATION FEES Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)		Fee Paid ($)	Multiple Dependent Claims	
23	-20 or HP = 1	X 50	=	50	Fee ($)	Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20.   _____   _____

Indep. Claims	Extra Claims	Fee ($)		Fee Paid ($)
5	-3 or HP = 2	X 200	=	400

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

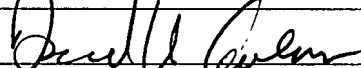| Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ -100 =	_____ /50 =	_____ (round up to a whole number)	x _____	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): Extension of Time Fee (3 months)	1020
	_____

05/16/2007 HKAYPAGH 00000118 10517133
01 FC:1615   _____   50.00 OP
02 FC:1614 SUBMITTED BY   400.00 OP

Signature		Registration No. (Attorney/Agent)	31,153	Telephone	206-622-4900
Name (Print/Type)	David V. Carlson			Date	May 10, 2007

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number 970054.481USPC
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	

Application Number 10/517,133	Filed June 29, 2005

For APPARATUS AND METHODS FOR HANDLING ROTOR BLADES

Art Unit 3745	Examiner Nathaniel Edward Wiehe

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$120	$60	$_____
☐	Two months (37 CFR 1.17(a)(2))	$450	$225	$_____
☒	Three months (37 CFR 1.17(a)(3))	$1020	$510	$1020
☐	Four months (37 CFR 1.17(a)(4))	$1590	$795	$_____
☐	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a duplicate copy of this sheet.
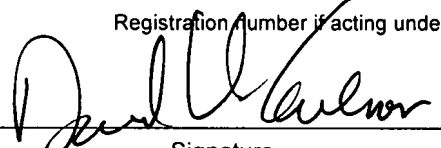
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

    ☐ assignee of record of the entire interest. See 37 CFR 3.71
        Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

    ☒ attorney or agent of record. Registration No. 31,153

    ☐ attorney or agent under 37 CFR 1.34.
        Registration Number if acting under 37 CFR 1.34. _____ .

(signature)	May 10, 2007
Signature	Date
David V. Carlson	206-622-4900
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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03 FC:1253   1020.00 OP